

FILED
Mar 09, 2006 08:00 AM
Secretary of State

1. Entity Name
CREATIVE MEDICAL SOLUTIONS, INC.



Mailing Address
- 609 GRAND NATIONAL PLACE
SEFFNER, FL 33584

DO NOT WRITE IN THIS SPACE



03042006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2345564	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

READ, EDWARD H
609 GRAND NATIONAL PLACE
SEFFNER, FL 33584

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

03/21/06-80025-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	READ, EDWARD H
STREET ADDRESS	609 GRAND NATIONAL PLACE
CITY-ST-ZIP	SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-SE-ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward J. Reed 3-7-2006 (813) 310-9100